

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH HEALTH PROGRAM MANAGER I

Final File Date: **JULY 08, 2011**Bulletin Release Date: JUNE 20, 2011



KH08 -8427 0H136



California State Government supports equal opportunity to all regardless of race, color, creed, national origin, ancestry, gender, marital status, disability, religious or political affiliation, age, or sexual orientation. It is an objective of the State of California to achieve a drug-free work place. Any applicant for state employment will be expected to behave in accordance with this objective because the use of illegal drugs is inconsistent with the law of the state, the rules governing civil service, and the special trust placed in public servants.

EXAMINATION TYPE	This is an open examination. Applications for this examination will not be accepted on a promotional	
WHO SHOULD APPLY	basis. Career credits will not be granted.	
WHO SHOULD APPLY	Persons who meet the minimum qualifications (entrance requirements) as stated on this announcement may take this examination which is competitive.	
HOW TO APPLY	To learn more about the job and testing arrangements, contact the testing office shown below. Applications are available at http://www.spb.ca.gov/jobs/stateapp.htm . Applications may be filed in person or by mail with:	
		CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (916) 319-9759 SELECTION AND CERTIFICATION SECTION
	In Person:	1501 CAPITOL AVENUE, SUITE 71.1501
	By Mail:	MS 1700-1702
		P.O. BOX 997378
	DO MOT CURANT ARRUN	SACRAMENTO, CA 95899-7378
CDOCC FILING		CATIONS TO THE STATE PERSONNEL BOARD
CROSS FILING INFORMATION	If you meet the entrance requirements for this classification and for Health Program Manager II scheduled at the same time, you may file for both examinations on a single application. You <u>must</u> indicate the class title(s) corresponding to each examination for which you are applying on the application Form STD. 678.	
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FINAL FILING DATE	Applications (Form STD. 678) must be submitted by July 08, 2011 , the final filing date. Applications postmarked, personally delivered, or received via interoffice mail after the filing deadline will not be accepted.	
SPECIAL TESTING	If you have a disability that requires accommodation, mark the appropriate box on the application	
INFORMATION	Form STD. 678. You will be contacted to make specific arrangements.	
SALARY RANGE(S)	\$5079 - \$6127 per month.	
EMPLOYEE BENEFITS	In addition to the salary above the California Department of Public Health offers benefits in the following areas:	
	 Health, Dental, and Vision 	
	Cash Benefit Programs	
	Disability Insura	
	Work, Home, ar	·
	1	Survivor Benefits
	Awards	
		Separation Benefits
	Flexible Schedu	
	Public Transit R	eimbursement (limits apply)
		of all benefits may be viewed at http://www.dpa.ca.gov/benefits/index.htm
POSITION DESCRIPTION		visor level. Under general direction, incumbents supervise a small
		aff performing journey level work in planning, implementing, and monitoring ects, and personally perform the most difficult or sensitive work.
	Positions at this level are	characterized by one of the following criteria:
	Are responsible for a	multi-county area of a complex statewide health program(s), and supervise

diverse technical/professional staff. or 2. In a well-defined statewide program, are responsible for both program and staff services support functions; supervise a small group of technical/ professional staff, and serve as a technical consultant. 3. Are responsible for a statewide component of a complex program supervising a small technical staff. Positions exist with the California Department of Public Health in Sacramento County and Contra Costa County. **REQUIREMENTS FOR** It is your responsibility to make sure you meet the education and/or experience requirements stated on this announcement by July 08, 2011, the final filing date. Your signature on your application **ADMITTANCE TO THE** indicates that you have read, understood, and possess the basic qualifications required. **EXAMINATION** NOTE: Applications/resumes must include "to" and "from" dates (month/day/year), time base, civil service class title(s), and range (if applicable) for all work experience. College course information **must** include title, semester or quarter units, name of institution, completion dates, and degree (if applicable). Applications/resumes received without this information will be rejected. Qualifying experience may be combined on a proportionate basis if the following requirements **MINIMUM** include more than one pattern and are distinguished as either I, or II, or III, etc. QUALIFICATIONS EITHER I One year of experience in the California state service performing duties equivalent to Associate Health Program Adviser. (Applicants who have completed six months of service performing the duties as specified above will be admitted to the examination, but they must satisfactorily complete one year of this experience before they can be eligible for appointment.) OR II **Experience:** Three years of progressively responsible experience in health program administration, at least one year of which shall have been with major responsibility for a significant program such as is normally found in a complex or departmentalized medical care delivery setting or health institution or organization. (Possession of a Doctoral Degree in Public Health, Health Administration, Health Planning, Public Administration, or a closely related health professional field may be substituted for up to one year of the required general experience.) And Education: Possession of a Master's Degree in Public Health, Health Administration, Hospital Administration, Comprehensive Health Planning, Public Administration, or a closely related health professional field. (One year of additional specialized qualifying experience may be substituted for the required master's degree.) In addition to the scope defined on this announcement, candidates must possess essential personal **GENERAL** qualifications including integrity, initiative, dependability, good judgment, ability to work QUALIFICATIONS cooperatively with others, and a state of health consistent with the ability to perform the assigned duties of the class. A medical examination may be required. **EXAMINATION** The examination will consist of a Supplemental Application weighted 100%. Candidates who meet **INFORMATION** the requirements for admittance to the examination (minimum qualifications) will be mailed a Supplemental Application designed to elicit specific information regarding each candidate's education and experience relevant to the testing criteria. Responses to the Supplemental Application will be competitively assessed based on pre-determined rating criteria. The California Department of Public Health reserves the right to revise the examination plan to better meet the needs of the service if the circumstances under which this examination was planned change. Such revision will be in accordance with civil service law and rules and all competitors will be notified. **ELIGIBLE LIST** Possession of the entrance requirements does not assure a place on the eligible list. In order to obtain **INFORMATION** a place on the eligible list, a minimum rating of 70% must be attained. A departmental open list will be established for use by the department(s) listed on this announcement. The list will expire 12 months after it is established unless the needs of the service and conditions of the list warrant a

Page 3 of 3

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	change in this period.	
	Eligible lists established by competitive examination, regardless of date, must be used in the following order: 1) sub-divisional promotional, 2) departmental promotional, 3) multi-departmental promotional, 4) service-wide promotional, 5) departmental open, and 6) open. When there are two lists of the same kind, the older must be used first.	
VETERANS PREFERENCE	Veterans preference credits will not be granted in this examination since it does not qualify as an	
	entrance examination.	
TELECOMMUNICATIONS	The California Relay (Telephone) Service for the deaf or hearing impaired:	
DEVICE FOR THE DEAF		
	MCI from TDD: 1-800-735-2929 MCI from voice telephone: 1-800-735-2922	
	Sprint from TDD: 1-888-877-5378 Sprint from voice telephone: 1-888-877-5379	
	TDD is a Telecommunications Device for the Deaf and is reachable only from phones equipped with a TDD device.	